

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA 460
2001/02
FORM

1 JAN 30 2002

City of Santa Maria
JAN 30 2002

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement	<input type="checkbox"/> Supplemental Presidential Statement - Attach Form
<input type="checkbox"/> Amendment (Explain below)	

I.D. NUMBER	1227669
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NAME OF TREASURER

Tom Martinez

2450 Professional Pkwy.: Suite 220

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Alice Patino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Santa Maria City Council			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2450 Professional Pkwy., Ste. 220, Santa Maria, CA			93455

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME		I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS		STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS		STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 07/01/01

through 12/31/01

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

I.D. NUMBER

1227669

Contributions Received

Column B
CALENDAR YEAR
TOTAL YEAR

1. Monetary Contributions Schedule A, Line 3 \$ 0.00
2. Loans Received Schedule B, Line 7 0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 0.00
4. Nonmonetary Contributions Schedule C, Line 3 0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 0.00

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$
21. Expenditures Made \$

Expenditures Made

6. Payments Made Schedule E, Line 4 \$ 240.41
7. Loans Made Schedule H, Line 7 0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 240.41
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00
10. Nonmonetary Adjustment Schedule C, Line 3 0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 240.41

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)

Total to Date

/ / \$

/ / \$

/ / \$

/ / \$

/ / \$

/ / \$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 1,497.14
13. Cash Receipts Column A, Line 3 above 0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00
15. Cash Payments Column A, Line 8 above 240.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,257.14
- If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE	Statement covers period from 07/01/01 through 12/31/01	CALIFORNIA FORM 460
NAME OF FILER Alice Patino for City Council	Page 4 of 4 I.D. NUMBER 1227669	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Assoc. CPA, Inc. P.O. Box 5958 Santa Maria, CA 93456	PRO		200.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$	200.00
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Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 200.00
2. Unitemized payments made this period of under \$100	\$ 40.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 240.00